

BULLETIN



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July/August 1992



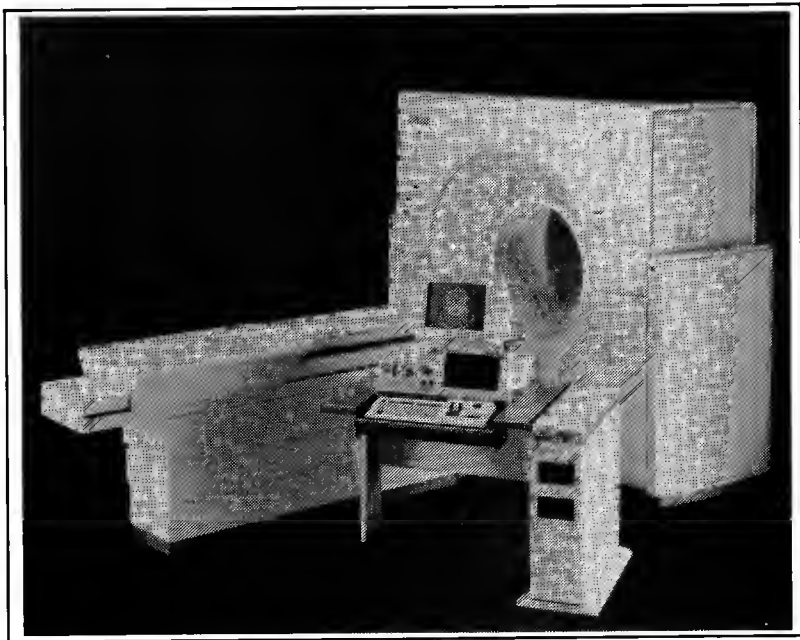
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BULLETIN

Mahoning County Medical Society
Volume 62 July/August 1992 No. 4

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SOCIETY MEETINGS

January 21, 1992

March 19, 1992

May 21, 1992

September 15, 1992

November 17, 1992

December 15, 1992

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Newsletter

"...acting together we can accomplish changes, but by passively avoiding participation, we also influence those changes, but in a very adverse way."

Summer has traditionally been thought of as a time of decreased activity for most organizations. There are no regularly scheduled full membership meetings of the Mahoning County Medical Society during the summer months. However, the Council does meet in June and again in August. Other activities of the Society also continue, and I thought it important to take this opportunity to share some of them with you. The new and very active component of the Society, the Young Physicians Committee, has continued to hold meetings and had a picnic to share some summer fun and related thoughts. MCMS is in charge of the medical building at the Canfield Fair, and Drs. Jack Schreiber and Fred Friedrich are increasingly involved in preparations for the busy weekend in September. In June, a media training afternoon was as always very rewarding. In one afternoon, members of the Society were given fairly intensive training and practice in how to communicate effectively with media representatives, who may sometimes be somewhat adversarial in nature.

Dr. Denise Bobovnyik and Eleanor Pershing were the MCMS representatives to the Children's Health Care Coalition meeting. Ongoing legislative committee meetings are being held with the entire committee and with subdivisions of that group. We continue even in the hot summer months to be faced with increasing awareness of the necessity for remaining informed and actively in communication with our legislators. Dr. Lloyd Slusher has been named a board member to represent the Medical Society on the Lake to River Health Care Coalition. This organization reviews requests for new approaches and places to provide health care in our area and thus is an extremely important factor in the future of our practices in this area.

Dr. Anand Garg continues as board

member and attends the State Medical Board meetings. He is also providing excellent educational information to the Council members regarding the approaches of this State Medical Board to various problems.

Dr. Dan Handel is continuing as a board member of the Ohio Medical Political Action Committee. I think we all share with Dan the feeling that acting together we can accomplish changes, but by passively avoiding participation, we also influence those changes, but in a very adverse way.

Dr. Handel continues to urge all of us to intelligently review and follow through on our verbal and financial support of the trends in political elections and legislative changes which best reflect our individual hopes for the medical future in Ohio. Eleanor Pershing has undertaken the job of resident orientation in our local hospitals. The membership feels that it's extremely important not only to share the activities with the residents, but to show through the Society forum that education and experience are no longer all that is required to function as a superior physician. As we increase the residents' awareness and participation, we hope that they will also become more active in supporting the trends which will enable each of us to continue to provide quality medical care to our patients.

The Mahoning County Medical Society office computer program has been updated this summer. Mrs. Pershing has attended the OSMA meeting for directors in Toledo. She also attended the American Association of Medical Society Executives Educational Seminar in Portland, Oregon. Eleanor facilitates the work that each and every one of us does in the Medical Society. She is an extremely able administrator, and with the assistance of our very able secretary Pat Wadjun, the Society office continues to function extremely efficiently year round.



Jane F. Butterworth, MD

In addition, we are presently taking pictures of members for the new Mahoning County Medical Society Directory. We hope to have the directory come out this fall. It will contain the office information of all physician members of the Society, whether they be active at Western Reserve Care System, Youngstown Osteopathic Hospital, or St. Elizabeth Hospital Medical Center. We hope that it will be full of useful information and phone numbers and further facilitate communication among the membership. It is also directly and indirectly probably one of the least expensive forms of advertising available to any physician. The membership fees in the Mahoning County Medical Society and Ohio State Medical Society, kept current, are the only requirement for being in this particular directory. In other Societies, use of the

directory has grown exponentially once it has become available.

We hope to make this available to health care providers in addition to just physicians and hospitals.

In talking with my fellow physicians, it seems that each summer seems to go by a bit more quickly. However, around the edges of practice responsibilities and patient care, and participation in those summer activities that continue, I hope each of you is taking advantage of moments for relaxation and recharging of your batteries for the activities of the coming year. We look forward to your continued participation and support when we have our first fall meeting, *September 15*. John Van Doorn, director of legislation for OSMA, will be our speaker. □

In The News

Dr. **Niranjan Patel** was elected secretary, and **Dr. Anand Garg** was elected to the Board of Trustees of the American College of International Physicians.

Dr. Lloyd Slusher was elected to the Board of Trustees of the Lake To River Health Care Coalition.

Dr. Z. Nicolas Zakov is the newly elected president of the Cleveland Ophthalmological Society in Cleveland, Ohio.

The following physicians have been appointed by OSMA President **Dr. Stanley J. Lucas** to serve on OSMA committees:

Committee on Accreditation

Dr. Chander M. Kohli

Committee on Communications

Dr. James A. Lambert

Committee on Cancer

Dr. Raymond Lupse

Dr. Karl Wieneke

International Medical Graduate Task Force

Dr. Anand G. Garg

Dr. Niranjan Patel

Joint Advisory Committee on Sports Medicine

Dr. Michael J. Miladore

Committee on State Legislation

Dr. Daniel W. Handel

Committee on Workers' Compensation

Dr. Jane F. Butterworth

Young Physicians Committee

Dr. Denise L. Bobovnyik

The YWCA selected **Dr. Y.T. Chiu** as one of ten 1992 Men of the Year Honorees.

Members are asked to submit news of their community service, honors and awards received, and appointments and titles awarded for future "In the News" features. □

It Could Be Worse

I must admit my first editorials were certainly somewhat pessimistic, dealing with what is wrong with the practice of medicine and ignoring what is right with our profession. Though we are often portrayed by the media as a money hungry, self-centered group, I feel that the majority of our patients do not see us as such. I think they view us as people who are trying to do our best to help them. In fact we have their best interest and health as our primary concern.

Physicians as a group do make a good income. Though this is being compromised now, we must remain diligent in our efforts to fight the numerous poorly conceived government movements that are being brought forward. Despite this, most physicians at this time can comfortably provide for their families, even in these difficult economic times.

When I start to feel sorry for myself and think about all of the hours of work we must put in and how it seems at times as though we are being crushed from all sides, it is easy to find people who are a lot worse off than we are. As a resident at OSU working 80-100 hours a week with little sleep, I had only to walk on the 10th floor, the Oncology floor, to see how lucky I was to have my health, my family, and to be a member of one of the noblest professions. As oppressive as things seemed, I did not have acute leukemia, nor was I dying from a myriad of other malignancies.

What has put me in such a mood is that recently, on a Thursday afternoon, my fourth new outpatient was a 33-year-old woman, accompanied by her three-year-old child. The mother had just been diagnosed as having metastatic colon cancer with massive liver replacement. Certainly, this initial visit was very difficult. Quite easily, I could see myself in her place. A month later, after she had continued to

deteriorate, she came to my office to ask if there was anything I could do to end her misery and put her to rest. While I told her that I could not put her to rest, I assured her that I would do everything I could to make her as comfortable as I could. Almost certainly by the time this editorial makes it to print, she will be at rest.

So, while I know things are looking tough for our profession, we are still a lot better off than 95 percent of the population. We do need to be diligent in our efforts to control, or at least to influence, our own destiny. We also must stop and count our blessings and not always concentrate on the dark side of our profession. □



Chris A. Knight, MD

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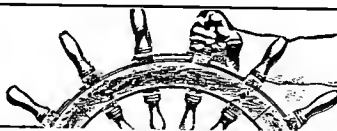
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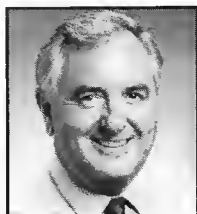
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*Dr. Maruschak is a
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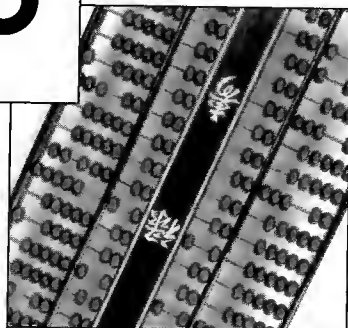
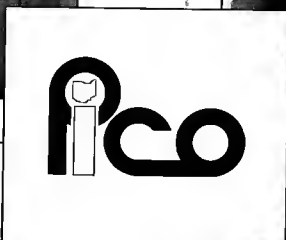
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Canadian Model Is Not the Cure for Ohio Health Care Woes

Federal and state legislators have tended to look north to the Canadian health care system for answers to the United State's growing health care crisis. However, a closer examination would reveal that the Canadian system is not providing satisfactory care to all Canadians. As a result, many Canadians use American facilities south of the border in Buffalo, Detroit, Boston, Cleveland, Toledo, and other nearby cities. I have noticed this in my own practice. Many of my colleagues in Youngstown have had similar experiences.

The Canadian Health care system relies on the United States for technology and research. The USA leads in research for new drugs, while only a handful of drugs are discovered in Canada. Recently, I attended a conference of endocrinologists in San Antonio, where research papers were presented from all over the world. Out of a total of 1,610 papers presented, 79 percent of the papers were claimed by the United States with .05 percent from Canada. Even the state of Ohio was able to claim half as many papers as the entire country of Canada. If the conference was at all representative of excellence, what can we infer from Canada's poor performance? By mimicking the Canadian form of health care, we can be sure that we will lose our edge.

Research is not the only difference; delays and scarce resources are also problems in the Canadian system. Some places in Canada offer a waiting list of seven months to get a CAT scan for headache and seven years for hernia surgery. In other Canadian provinces, the wait is up to six to 18 months for a long-term care bed. Do we have the temperament to be that patient with our ill?

Any program run by the government is usually inefficient. One of my patients needs to be transferred to a VA Hospital for long-term care. The application has to go through so many departments for approval that it is not funny. It took one week to go through only two departments. It has been three weeks, and we are still counting. This

is the efficiency of care which would be prevalent if we let the government run our entire health system.

Overnight experts and water bubble politicians can promise a trip to the moon and get elected and re-elected, but their budget estimates for providing health care are way off. The cost has to be reduced and made affordable to the uninsured and the underinsured. The role of government has to be reduced.

We Have to Improve What We Have By Reducing Costs

Approximately 80 percent of our health care dollars are consumed by the hospitals which are making huge profits because they are run by professional administrators as businesses. Hospitals routinely engage in duplicating technology and renovating every floor. All this work needs huge administrative overheads. Costs of the overheads and image re-building are expensive not to mention unnecessary. Are we competing for patients or are we providing health care? None of the bills being considered by our politicians are addressing this angle which can have a significant impact on reducing the cost of health care.

Lobbyists have succeeded in removing the malpractice clause from HB 485. If we are serious about reducing health care costs, we need these malpractice reforms. As much as 15 percent of many doctor bills go toward paying malpractice premiums. Some of the doctors are paying close to \$70,000 for their premiums. To make sure that they avoid malpractice suits, many doctors order many unnecessary tests. An easy way to see these extra tests is to look for "tests to cover all bases."

An Ounce of Prevention...

Poor life style, lack of self control, ignorance of measures to prevent sickness and promote health, and breakdown of the family unit contribute a lot to sickness. But for those people who do take care of them-

selves, insurance companies do little to recognize them. We can thank Congress for removing features from HB 478 which would have given discounts to people with healthy life styles. Nonsmokers, non-consumers of alcohol, people who exercise regularly, and people with healthy diets should all be placed in different health groups with different insurance rates. People should be rewarded for having healthy life styles, and perhaps many more would strive to take better care of themselves. Better health means less health care costs. If we can assume that life style problems are correctable and cause nearly 50 percent of the diseases, incentive for people to be healthy would reduce health care costs.

Most of the 1500 insurance companies in the United States duplicate their administrative costs. They then pass on these costs to patients. The senate version of HB 478 has no provision to ask insurers to reduce costs from 40 percent to 20 percent as the house version does. Reduce the overhead, and you reduce the cost. Again, we can thank our state senators for the blessing.

Medicaid is such a mess, but instead of accepting good proposals to privatize it, Congress killed these proposals in the House. Medicaid is a system which traps people in a way of life they dislike; if they get a job, they will lose insurance. ADC many times has become the only source of income for some mothers. I take care of many mothers who have more children so that they can make more money and won't marry because they will lose the extra money.

The Ohio house version supported by all the local politicians is called the Ohio Plan (the state health care plan for the uninsured). It is underfunded and will bankrupt the state if fully funded. It forces the state to become the provider instead of monitoring the system. Any enterprise run by the state is inefficient. It is a ploy to win reelections for the politicians voting for it.

The other is HB 175 proposed by local Representative Bob Hagan. It is the mother of all state health care plans. It calls for the elimination of all private health insurance.

It promises a free trip to the moon. It burdens all Ohio businesses and their employees with high taxes to pay for insurance. It will drive businesses out of Ohio. It will encourage some doctors to leave the state because it is too restrictive. It eliminates Medicare in Ohio and disconnects senior citizens from a direct link to social security funds. The plan puts the state in the middle and what do we get in return, a Canadian style health care system.

John Galbraith once said something like, "the strength of politicians lies in the promises they make." We should revitalize the valley. We should vote out of office all local politicians who want to impose mediocrity upon us and are paying lip service to us that they are working to reduce our health costs. They are working to keep their jobs not to provide health care.

Elections are here. Ohio is the laboratory for much needed health care reforms. Two bills have passed in the Ohio House and Senate and are before the conference committee which will meet soon for the compromise.

The Republican version is a shade better for the people. It tries to improve private insurance and attempts to make insurance available for the uninsured and underinsured and has some cost containment measures except the ones mentioned above.

The Democratic version passed by the House is for the birds. It makes the state a provider of health care. It has an overdose of socialized medicine which has failed in Europe and only produced a second rate system in Canada.

We should study the local races and vote for excellence in health care for all Ohioans. We should promote the good candidates to our friends and patients. We should financially support those who are working for excellence even if we do not live in their districts.

As doctors, we are traditionally apolitical but should not be at this time. There is no profession which comes in contact with as many people every day. We underestimate our political muscle. A lot is at stake at this time. □

Suman Kumar Mishr, MD

Frederick Arthur Resch, M.D. 1918 - 1992

Art was my close friend. He was my personal physician, and there were many others in the Canfield, Boardman, and Poland areas who were privileged to call him "my doctor." As such, they knew that he possessed the attributes necessary to earn that honored title. They knew of his real concern and genuine compassion for his patients. He was a family doctor of the old school.

I called him Art. Others called him Fred. Officially he was Frederick Arthur Resch. He responded to all these names, but there were other titles. Besides "doctor" and "friend," he was Captain Resch, President Resch (having served as president of the Mahoning County Medical Society and president of the Mahoning Chapter of the Academy of Family Practice). He was a Christian and an elder in his church. In addition, he was "beloved husband," "dad," "grandpa," "uncle," "cousin," and in recent years, he earned the title of "teacher."

If there was one word that best characterized my friend, it would be "love."

Art loved life and lived it with vigor, good humor and at times with irreverence. He loved his profession, but exceeding this love was his unabashed love for his wife Carolyn. His sons, David, Phillip and Jeffrey, knew how much he loved them — and their wives. Art confided in me of his love for his grandchildren, Abby, Whitney, Sarah, Jennifer and Jason. He told me of the joy they brought him and how proud of them he was. He loved to teach and freely shared his knowledge of medicine with the residents at the Family Practice Center at Northside Hospital. He loved Poland Village, Canfield and the Canfield Fair. He loved to fish using a cranky three horse-power outboard motor which he dubbed "The Mighty Three." Art loved a well-engineered Manhattan, red sports cars, and a good laugh.

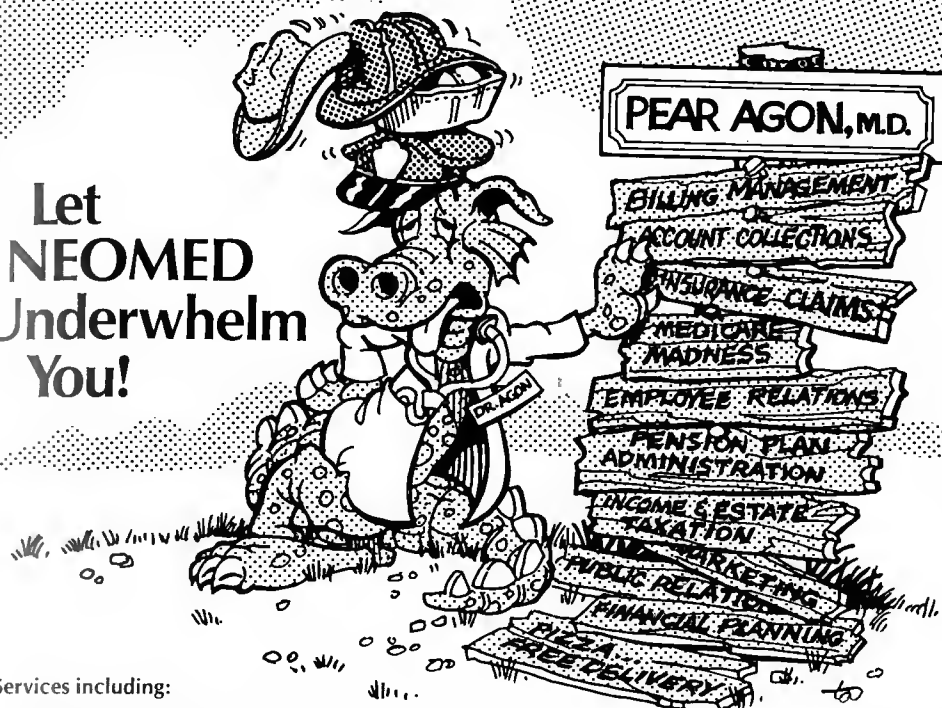
In the 1960s, four or five of us would meet on occasion to discuss practice and economic matters. We were young. We were busy. We covered one another on weekends and vacations. Once when we were discussing the large numbers of patients each of us served, someone asked, "What would happen if one of us became disabled?" Art's characteristically blunt reply was "fellows, if one of us dies, in three weeks people will be saying DR. WHO?" I accepted this as a probable truth. However, during his long final illness, it appeared that the prediction was not coming to pass as evidenced by the staunch support and concern of family friends, colleagues, patients, staff and students.

You see, Art Resch left his mark.

Think on this single example. Every time one of the physician graduates of the Family Practice program treats a patient, he will be applying the art of medicine as Art counseled and demonstrated by example. Every time that doctor takes a history, he will be alert as Art insisted, reading between the lines and noting what is not said, which sometimes may be more important than what is said. That's a "pearl" developed and cultured over a lifetime of experience, and Art passed it on. Thus a bit of Frederick Arthur Resch continues on — and on —

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Jeghers Memorial Symposium Set

Harold Jeghers, M.D., believed in a lifelong commitment to learning. As professor and former chairman of the departments of medicine at Georgetown University and the New Jersey College of Medicine, he was a staunch advocate of continuing self-directed education, always nurturing problem-solving skills in those he taught.

Drawing upon his extensive knowledge of clinical medicine and the medical literature, he conceived, created and maintained a personal data base of current and classic medical references. This resource, now known as the *Jeghers Medical Index*, represents the largest and most comprehensive vertical file of medical literature in existence.

The *Jeghers Medical Index* is currently housed at St. Elizabeth Hospital Medical Center, Youngstown, Ohio, a consortium hospital of the Northeastern Ohio Universities College of Medicine.

Although Dr. Jeghers died in 1990, his philosophy that "a physician must read with a purpose to solve problems," lives on within the *Index* and in the lives of the many exemplary medical students, residents, practicing physicians and academic professionals he touched.

The first annual Harold Jeghers Memorial Symposium, 8:15 a.m. to 4:30 p.m., Saturday, Oct. 3, 1992, seeks to reaffirm

the medical education values and concepts that Dr. Jeghers taught.

"Critical Judgement" will be discussed by Alvan R. Feinstein, M.D., Yale University School of Medicine. "Utilizing the Medical Literature for Clinical Problem Solving" will be addressed by R. Bryan Haynes, M.D., Ph.D., McMaster University Faculty of Health Sciences, Hamilton, Ontario.

Henrik K. Wulff, M.D., Herlev University Hospital, Herlev, Denmark, will provide an overview of "Statistics for Readers of Medical Journals and address "Clinical Decision-Making from a Philosophical View Point." Dr. Thomas C. Chalmers, M.D., of the Harvard School of Public Health, will review the value of "Meta-analysis" in analyzing the medical literature.

The symposium will conclude with a panel discussion, "Future Directions for the Jeghers Institute for Research in Medical Education." The panelists will include Robert Moser, M.D., University of New Mexico School of Medicine; Bertram Fleshler, M.D., Chairman of the Department of Gastroenterology, Cleveland Clinic Foundation; and Leonard P. Caccamo, M.D., Edward Kessler, M.D., and W. Robert Kennedy, Ph.D., of the faculty of the Northeastern Ohio Universities College of Medicine. For more information or registration materials, contact Jeghers Medical Index System, (216) 746-2255 ext. 2265. □



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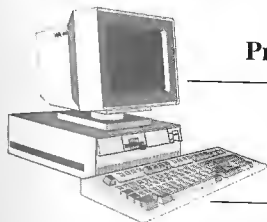
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The State Medical Board - Complaint Handling Processes *(Second in a Series)*

The Medical Board recently implemented revisions to its procedures for processing four types of complaints: (1) release of patient medical records (2) poor professional demeanor/office practice management issues (3) malpractice reports, and (4) hospital privilege actions. The goal of the new procedures is to expedite the complaint review process while permitting the board to better focus its investigative energies on more serious matters. The new approach to handling these complaints will provide an opportunity for the physician to present his side of the story and will hopefully resolve complaints early in the review process. In the future, here's what to expect when a physician becomes the subject of this kind of complaint.

Medical Records

The board often finds that delays in providing or transferring medical records are unintentional on the part of the physician or are dependent upon the patient signing the appropriate release forms. The board's Public Inquiries Division will, under its revised procedures, attempt to resolve any disputes about patient records without sending a board investigator to interview the physician. Upon authorization by the complainant, the physician will receive a letter from the board's secretary outlining the specific problem and asking for a written update regarding the situation. The doctor will have 30 days to respond. It is hoped that by bringing the matter to the physician's attention, the doctor and the patient will resolve the matter without the need for further board intervention.

Practice Management Issues

Complaints received by the board which involve professional demeanor or office practice management issues — rudeness on the part of the physician or his staff, for

instance — will be handled in a manner similar to that used for patient records issues. This will bring the matter to the physician's attention so that the physician may try to resolve the problem without need of further board involvement.

Evaluating Malpractice Reports

Each year, the Medical Board receives notice of over 500 malpractice payments that have been made on behalf of Ohio licensees. Although it is understood that any one of these reports may not be meaningful as a measure of professional competence, patterns or egregious situations may indicate the need for some form of intervention. Thus, on a quarterly basis, the board's secretary and supervising member evaluate which of the reported payments warrant further investigation based upon an initial review of information about the physician's specialty, the total number of malpractice payments that have been made on his behalf, the amount of each payment and a short description of each case.

If the report is assigned for investigation, the licensee will receive a letter from the board's secretary requesting a detailed description of the physician's practice, his malpractice history for the last 10 years, and a written narrative of the medical facts relating to each case listed on the malpractice history. The licensee will be asked to describe:

- the procedures performed
- the treatment rendered
- his involvement in the case
- the patient outcome
- mitigating factors, such as patient age, co-existing diseases or other risk factors and patient compliance

The physician's confidential response will be reviewed by the board's secretary and supervising member before they decide whether further follow-up needs to be initiated.



Anand G. Garg, MD

Privilege Action Review

Actions involving a physician's privileges, when reported to the board, will continue to result in the immediate opening of a complaint for purposes of investigation. In the past, the board's secretary and supervising member have relied almost exclusively upon information received from the reporting entity and board investigators. In an effort to more quickly and more fairly evaluate such situations, a licensee who has been subject to a privilege action will now receive a letter requesting information about his practice as well as the specific incidents leading to the privilege action. As with situations involving malpractice reports, the secretary and supervising member may then be able to separate those problems warranting further

board follow-up from those that do not.

Long term success of these approaches will depend largely upon the cooperation of the physicians contacted. The board believes that, in most instances, the physician will appreciate the opportunity to present his side of the story early in the complaint review process. A timely response will best serve the physician's interest. □

Anand G. Garg, MD

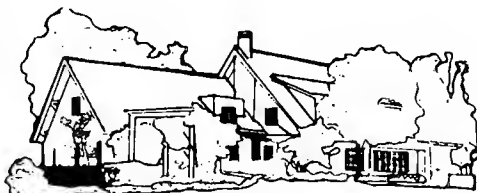
Lauren Lubow, Case Control Officer

Joan Wehrle, Public Inquiries Officer

Note: The first article in this series (May/June 1992) was also a joint publication co-authored by Ms. Lubow and Ms. Wehrle.

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House Bill 478: Comparison of House and Senate Versions

Here in very brief form is a comparison of some of the differences between the versions of H.B. 478, which passed the Ohio House and the Ohio Senate. The bill now resides in a joint House-Senate conference committee. To obtain more information on either version, please call or write the OSMA Department of Legislation.

SENATE VERSION

- Removed provision repealing ban on corporate practice of medicine.
- Includes voluntary single hospital billing with safeguards for physicians.
- Includes mandatory Medicare assignment with financial means test for patient set at 550% of federal poverty level.
- Removed immunity for physicians treating indigent patients.
- Removes OHIO plan and replaces with Children's Health Care Program to cover uninsured children (age 0-6) up to 185% of federal poverty level; subsidized by federal Medicaid drug rebate program.
- Includes open enrollment requiring health insurers to accept all applicants; limited to half of 1% of insurer's total insureds annually.
- Limits health insurers administrative expenses to 35% of total premiums.
- Includes ban on physician self-referral to clinical labs; extends to existing Medicare ban to private payors.
- Creates Ohio Health Care Board within Ohio Department of Health; board would collect data, develop and recommend reforms focusing on cost-control; one physician on 16-member board.

HOUSE VERSION

- No similar provision.
- Removes single hospital billing.
- Includes mandatory Medicare assignment with financial means test for patient set at 700% of federal poverty level.
- Includes immunity for physicians treating indigent patients.
- Includes OHIO plan offering coverage to uninsured; subsidized by 1% assessment of life and health insurance premiums; requires physicians to treat OHIO enrollees and prohibit its balance billing them.
- No similar provision.
- Limits health insurers' administrative expenses over several years to 20% of total premiums.
- Includes same provision.
- Creates Ohio Health Care Alliance; alliance would collect data, develop and recommend reforms, including study of single payor system; alliance board includes legislators only.

Why Now Is The Time To Invest In The Financial Sector

The stock market for the first half of this year has been flat. The S&P 500 which is used to measure the market is down better than 5 percent. Growth funds are down better than 3.5 percent. Science and Technology funds are down better than 4 percent. The once glorious Bio technology funds are down better than 16 percent. In fact, almost all sectors of equity funds are either flat or down for the first half of this year. However, one investment sector looks good and appears to continue to prosper. That sector is the financial sector. Financial service funds are up 11 percent for the first half of this year.

While most of American business is feeling the strains of a weakened economy the Banking industry seems to have the worst behind them. The profits of financial corporations, including banks, are up 40 percent compared with 23 percent for all corporations. Bank profits are up sharply, a result of falling rates for depositors and the continued high cost of borrowing. Pass-book rates have fallen to an astonishingly low of 2.75 percent. Short term interest rates have been cut from 9.85 percent in 1989 to 3.25 percent today. If the prime rate had fallen as much as CD's, banks would only be charging 4.5 percent instead of 6 percent for borrowing.

What does all this mean? The spread between what banks are paying depositors on short term deposits and what they are earning on their invested assets has widened substantially. Over the past year, commercial banks invested \$115 billion in treasury securities and cut back on their commercial and industrial loans. The result is a sure safe way to increase profits with little or no risk.

Consequently as a financial planner I

recommend that moving 15 percent to 20 percent of one's portfolio into the financial sector as a way to boost one's yield. Being in the right place at the right time always makes the difference between an average and an above average return on one's investments. □

*Rick Desman,
CLU, ChFC, CFP*

Reminder...

Society members who have experienced notable career changes or who are involved in interesting advocations, are asked to submit this information to the Society office for possible publication in future issues of the *Bulletin*.

Oops, We Goofed...



In the last issue the following photo was unidentified! The auxiliary members are: *Seated: Norma Garritano. Standing L to R: Pauline Saratopolos, Mary Walton.*



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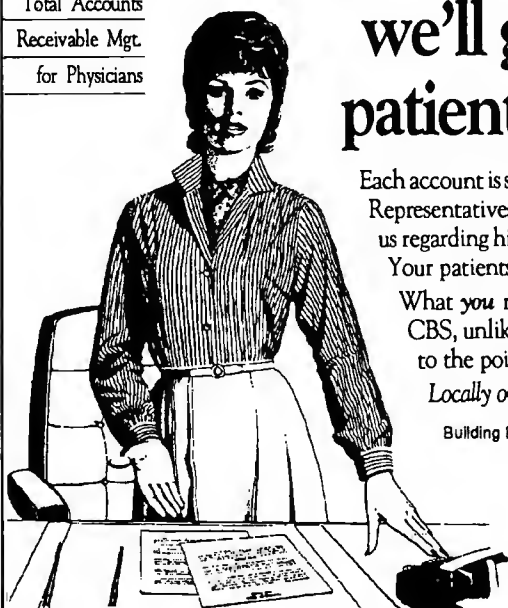
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Scientist Studies Sensory System in Bats

Every year, Jeffrey Wenstrup, Ph.D., visits a remote, mountainous rain forest in Jamaica. Although the trip is an exciting one, it is not a vacation. It is a mission. A mission to catch bats.

Wenstrup, who is an assistant professor of neurobiology at Northeastern Ohio Universities College of Medicine (NEOUCOM), has established a mustache bat colony at the college to study the auditory system of bats in hopes of understanding the system in humans.

With an interest in what scientific knowledge is, he graduated from St. Louis University with a bachelor's degree in philosophy. It was science itself that stirred Wenstrup, leading him into a 15-year multifaceted study of hearing. He is specifically interested in how the brain is responsible for certain types of behavior, specifically the response to sounds.

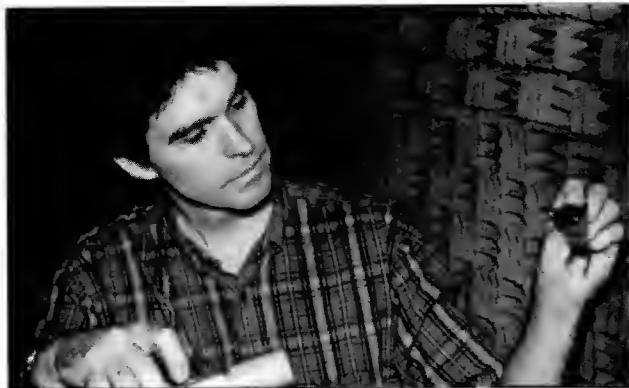
Why use mustache bats, for which a trip to Jamaica is necessary, to study the auditory system? "The brain centers are the same in design as in humans or any mammal," Wenstrup said. "Bats depend on hearing; therefore, their brain centers are well-developed."

Wenstrup began his studies on the behavior of bats at Indiana University School of Medicine, where he earned his Ph.D. in physiology. His bat-related research continued at the University of Texas Department of Zoology, where Wenstrup was a Postdoctoral Research Fellow, and at the University of California at Berkeley, where he completed another Postdoctoral Research Fellowship.

Wenstrup studied the specific regions of the brain involving sound localization and the anatomical structure of the bat's auditory system.

Prior to coming to NEOUCOM, Wenstrup was a Research Fellow at the Zoological Institute of the Ludwig-Maximilian University in Munich, Germany.

Annually traveling to Jamaica to catch the bats himself is where Wenstrup's bat



Wenstrup uses a bat detector to hear the high frequency sounds from the mustache bat.

investigations actually begin. A local guide takes a small group of scientists to the caves located in the mountainous region.

The potential for bad weather, which hinders bat activities, as well as other difficulties traveling through the region, makes the mission somewhat tense. But it is equally enchanting, said Wenstrup, describing the natural beauty and close contact with the wildlife.

Wenstrup's research has been funded through the National Institutes of Health Research Service Award and the National Science Foundation International Travel Award, and his current work is being funded through a grant from the National Institutes on Deafness and Other Communications Disorders.

The bats Wenstrup catches require and receive special care at the college, where the rain forest environment is recreated in a hot, humid room in the Comparative Medicine Unit, referred to as the "bat cave."

"Our research suffers if animals are not well taken care of and in good condition," Wenstrup said. "We have ethical and experimental obligations to take care of them the best we can."

"There are common features of hearing across all mammals," he continued. "By understanding how hearing works in a broad range of species, we can obtain a sophisticated understanding of how the brain works."

"The bat alone isn't the solution to understanding human hearing, but is one important animal in understanding how our hearing works." □

Mulgrew Named OSMA Executive Director

Brent Mulgrew has assumed the role of executive director at the OSMA as of July 1. Herb Gillen, who has been with the OSMA for 29 years and served as executive director since 1985, continues to serve the association as senior director.

Mulgrew joined the OSMA in 1974 and has for the past seven years served as managing director and counsel to the association. Prior to that, he served as director of the departments of state legislation and legal services.

A 1971 graduate of Bethany College, Mulgrew received a masters degree from Ohio University in 1971 and a juris doctorate from the Ohio State University College of Law in 1974.

Mulgrew is a past president of the American Society of Medical Association Counsel and a past president of the Ohio Society of Association Executives. In addition, he has served as a committee chair

with the Columbus Bar Association and as a speaker on health law for the Ohio State and American Bar Associations. He served on the National Health Lawyers Association's Alternative Dispute Resolution Task Force and the

Governor's Task Force on Travel and Tourism. Mulgrew is a board member of Physicians Insurance Company of Ohio and Raven Development Company, a Columbus area real estate development company. He serves on the editorial board of the Health Law Journal of Ohio and is a member of the board of directors of Team Columbus, a professional bicycle racing team.

Mulgrew and his wife, Susan, have two children. □



Brent Mulgrew

It's Canfield Fair Time Again!

1992 will mark the 42d consecutive medical/health exhibit at the Canfield Fair sponsored and coordinated by the Mahoning County Medical Society. The Canfield Fair is the largest county fair in the United States and has a larger attendance than most state fairs. Since 1971, 33 exhibits, representing as many organizations, have been housed in a permanent building — one of the few in the country today. Last year nearly 500,000 people came to the fair with perhaps 200,000 passing through the Medical/Health Building.

This year, as in the past several years, the Medical Society's exhibit will continue the very popular theme of "Ask the Doctor." Society members staff the booth answering questions of a medical nature. This year we hope to highlight the subject of AIDS — its causes, prevention and

its myths. A colorful display is being prepared along with descriptive and fact-filled literature which can be given to interested people. In addition to the AIDS display, we will continue to answer questions of medical interest.

If you would like to work a 4-hour shift during one of the 5 days of the fair — Thursday, September 3 through Labor Day, September 7, please call the Medical Society office at 788-4700. Join us. It is very rewarding to meet and talk with our neighbors and friends at the fair. It is also great PR for our profession.

If you plan to attend the fair, why not sign up now for a shift in our Medical Society booth? Who knows — you just might really have a great time! □

*Jack Schreiber, MD
Fred Friedrich, MD
Co-chairpersons*



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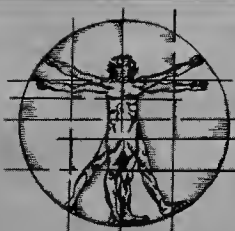
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Dr. Gregori Earns Degree in Religious Studies

If variety is the spice of life, a variety of career choices has made Dr. Joseph Gregori's life a well-seasoned blend of academic achievement and personal fulfillment.

At the age of 57, when most people are considering retirement, Dr. Gregori has earned a bachelor's degree in religious studies at Youngstown State University. He plans to pursue a master's degree in the same field at the Pittsburgh Theological Seminary. He will attend college on a part-time basis, while maintaining his full-time practice in Austintown.

A gastroenterologist, Dr. Gregori has practiced in the Youngstown area for the past 27 years. However, medicine was not his first career choice.

After graduating from high school in his hometown of Pittsburgh in the early fifties, Dr. Gregori trained to become an X-ray technician. While working as a technician in Pittsburgh, he was approached by several radiologists who urged him to consider a medical career. Responding to their encouragement, Dr. Gregori returned to school, earning an undergraduate degree from Glenville College in 1961. He later received his medical degree from West Virginia University in 1965.

Dr. Gregori enjoys his multi-disciplined medical specialty. He says of gastroenterology, "This is a specialty where you can do many things — internal medicine, radiology, and even psychiatry...I like the variety."

It was his lifelong interest in the history of religion, especially Christianity, which prompted Dr. Gregori's most recent return to academia. He felt a college curriculum would give him a structured system for learning about his chosen field of study.

Dr. Gregori notes that his return to the classroom in 1987 was a joint endeavor including his wife Carolyn. A former dietitian, she returned to pursue a degree in art history and is currently working toward that goal. Dr. Gregori says the couple's three children, Stephen, Brian and Jeanne,

were all young adults when their parents resumed their college careers, and all were wholly supportive of their parents' efforts.

Dr. Gregori feels that YSU offers an excellent religious studies program noting that "the professors are interesting, encouraging, and they take special interest in the non-traditional student."

Not wanting to be treated differently from other students, Dr. Gregori tried not to let his classmates or teachers know that he was a physician. He successfully maintained his "cover" for most of his college career.

Dr. Gregori says he managed his classwork by scheduling his office hours around his school schedule. He cites the encouragement he received from his family, his professors, his colleagues, his employees, and his patients for boosting his enthusiasm level along the way.

This enthusiasm enabled him to maintain a 4.0 grade point average and receive the Sister Jean Gillespie Memorial Award for academic excellence in religious studies.

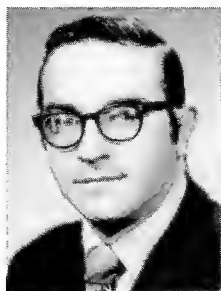
Dr. Gregori says that once he has achieved his master's degree, he will have several exciting career options — including earning a Ph.D. and teaching at the college level, becoming a Methodist minister, or combining his medical and religious training into a position such as a medical ethicist.

To other physicians who may have considered going back to school, Dr. Gregory says, "Full speed ahead...I found that once I got started, I was encouraged by just being there."

He feels his religious studies have given him much needed insight for his work as a physician and additional opportunities to help others.

"I feel I had a calling for this. I did plan at one time to retire, but now I feel that I'm useful for other things."

A letter by Dr. Gregori concerning his new career options will appear in the August issue of the AMA news. □



Dr. Gregori, MD

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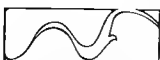
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AMA Washington Report

The House Ways and Means Committee is expected to consider HR 5502, the Gephard/Stark health care reform proposal. The package includes government-imposed price controls and a global health care budget. It would also eliminate the reductions in Medicare payments to new physicians, restore payments of EKG interpretations and require the Health Care Financing Administration to improve the Geographic Practice Cost Index.

New bills to reauthorize the National

Institutes of Health have been introduced in the House and Senate, HR 5495 and S 2899 have modified provisions relating to fetal tissue research. President Bush has proposed the establishment of a fetal tissue bank that would supply tissue from miscarriages and ectopic pregnancies.

Continuing Education

The Ohio State University Center for Continuing Medical Education is sponsoring several upcoming courses and conferences. They are as follows:

COURSES

Sept. 20-21: Introductory Perimetry Course at the Hyatt Regency in downtown Columbus, Ohio.

CONFERENCES:

Sept. 25-26: "The New Hypertensive Regimes," at the University Ramada Inn, Columbus, Ohio.

Sept. 25-27: "Dermatopathology," at the Columbus Marriott North, Columbus, Ohio.

Oct. 3: "Neurology for the Non-Neurologist," at the University Ramada Inn, Columbus, Ohio.

Oct. 9 - 10: "Cardiology Update," at Rhode Hall Auditorium/Ohio State University Hospitals, Columbus, Ohio.

Oct. 23 - 24: "Bipolar Disorders: Treating the Resistant Patient," at the University Ramada Inn, Columbus, Ohio.

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Turnabout II

Original Oil, 24" x 36" by Kay Wilson (1937 -)

Kay Wilson was born in 1937 near Bowling Green, Ohio, and grew up in the Dayton area. She moved to this area after marriage. She has always been interested in art. Kay remembers admiring prints hung in elementary classrooms. One particular print of Bambi stuck in her mind and, not until later reflection, did she realize its impact on her. While pregnant with her first child, the first thing she painted to decorate the baby's room was Bambi.

Kay attended Miami University for several years before moving to Youngstown and receiving her Fine Arts Degree from YSU. She worked mainly with watercolors in high school but switched to oils in college. Kay has been painting for over 30 years, and like many artists, she is in the process of evolution. Her works began with still lifes, moved to landscapes and florals, had a stage of abstraction, and now concentrate on portraits. There have been some struggles in the transition from abstraction to portraiture. With abstraction, Kay had the pleasure of intuitive painting, while with portraits she had to learn how to draw and still try to keep those beautiful qualities she found in abstract work.

Kay paints primarily with a painting knife. This produces a very textured surface, causing the rich colors and thick paint to almost dance across the canvas and push the image forward toward the viewer. Kay has been "concentrating on portraits for the past several years, and *Turnabout II* is one of several versions of a self-portrait. I'm searching for a magical blend of representational and contemporary painting concepts, where 'what I paint' and 'how I paint' will merge into a harmonious personal statement. This holistic vision has proven to be elusive, and I'm constantly reworking areas of paintings that I thought were finished. Painting is fun and serious and stimulating and frustrating, but for me it has always been better to paint than not to paint." In working with a self-portrait, Kay finds more

freedom in searching for her painting goals. In *Turnabout II*, Kay's restlessness for that goal shows in her face, but her hands tell the true story about Kay Wilson. Her right hand holds paint brushes, always ready to try again, and her left hand shows a relaxed readiness and an inner signal that great talent is already at work. *Turnabout II* is a tribute to Kay's stunning abilities to paint. I think she has already come closer to her goals than she thinks.

Kay Wilson has won more than 60 awards in regional competitions and gallery shows, including a purchase award by the Butler. Three of her paintings have recently received national distribution on the covers of Ingram Book Company's "Gift Book" Catalogue. Hundreds of her works are in private and corporate collections. Hundreds more lie stacked in her studio, and I only hope she continues to show as she recently did in the Youngstown's YWCA Annual Women's Artists show held in May. This show accepts works nationally, with the majority coming from this area. Competition is tough for entry to the show. Kay Wilson not only won a spot in the show, she won an award as well. The honors go on for her and are well deserved. □



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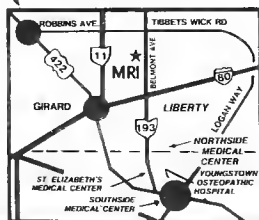
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